

CHAPTER 13 PLAN
UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF MISSISSIPPI

08-03650

CASE NO. 08-_____

Debtor CALVEN A SCOTT SS# xxx-xx-2889 Current Monthly Income \$ 2,408.00
 Joint Debtor Non Filing Fiance' SS# N/A Current Monthly Income \$ 750.00
 Address 3125 BIENVILLE DR Jackson, MS 39212-0000 No. of Dependents 2
 Telephone No. N/A **TAX REFUNDS AND EIC FOR DISTRIBUTION:** N/A

THIS PLAN DOES NOT ALLOW CLAIMS. Creditors must file a proof of claim to be paid under any plan that may be confirmed, and the treatment of all secured / priority debts must be provided for in this plan.

PAYMENT AND LENGTH OF PLAN

The plan period shall be for a period of 60 months, not to exceed 60 months. Debtor or Joint Debtor will make payments directly to the Trustee ONLY if self-employed, unemployed, or the recipient of government benefits.

(A) Debtor shall pay \$ 556.00 per bi-weekly to the Chapter 13 Trustee. A payroll deduction order will be issued to Debtor's employer @:

DR GRENFELL
971 LAKELAND DRIVE
ST. DOMINIC WEST TOWER
SUITE 450
Jackson MS 39216

PRIORITY CREDITORS. Filed claims that are not disallowed to be paid in full: IRS \$ 0.00 @ \$ 0.00 /mo
 State Tax Commission \$ 0.00 @ \$ 0.00 /mo Other \$ 0.00 @ \$ 0.00 /mo

DOMESTIC SUPPORT OBLIGATIONS (POST PETITION) DUE TO:-NONE-

beginning in the amount of \$ per month shall be paid:

_____ direct _____ through payroll deduction _____ through the plan.

PREPETITION DOMESTIC SUPPORT ARREARAGE CLAIMS DUE TO:-NONE-

in the amount of \$ shall be paid \$ per month:

_____ through payroll deduction _____ through the plan.

HOME MORTGAGE(S)

MTG PMTS TO: LITTON LOAN SERVICING BEGINNING 11/09 @\$ 777.76 ☒ PLAN ☐ DIRECT
 MTG ARREARS TO: LITTON LOAN SERVICING THROUGH 12/08 \$ 4,800.00 @\$ 80.00 /MO*

SECURED CLAIMS. Creditors that have filed claims that are not disallowed are to retain lien(s) under 11 U.S.C. 1326(a)(5)(B)(i) until plan is completed and be paid as secured claimant(s) the sum set out in the column "Total Amt. to be Paid" or pursuant to Order of the Court. That portion of the claim not paid as secured shall be paid as an unsecured claim.

Creditor's Name	Collateral	Approx. Amt. Owed	Value	Intrst. Rate	Total Amt. To Be Paid	Monthly Payment
1ST FRANKLIN CREDIT	1994 CADILLAC DEVILLE (THIS AUTOMOBILE HAS APPROXIMATELY 190,000 MILES)	*2,700.00	2,250.00	9.50 %	3,402.00	56.70
MS BAPTIST CREDIT UN (3/04)	2002 CHEVROLET TRAILBLAZER (THIS AUTOMOBILE HAS APPROXIMATELY 140,000 MILES)	*2,500.00	5,000.00	9.50 %	3,082.32	57.08
AARON'S SALES & LEASE	TABLES	*140.00	200.00	9.50 %	172.80	3.20

Debtor's Initials CS Joint Debtor's Initials _____

08-03650

SPECIAL CLAIMANTS. (Co-signed debts, collateral for abandonment, etc.) ON ABANDONED COLLATERAL, DEBTOR TO PAY ZERO ON SECURED PORTION OF DEBT. Where proposal is for payment, creditor must file a proof of claim to receive proposed payment.

Creditor's Name	Collateral or Type of Debt	Approx. Amt. Owed	Proposal to Be Paid
-NONE-			

SPECIAL PROVISIONS for all payments to be paid through the plan, including, but not limited to, adequate protection payments: -NONE-

UNSECURED DEBTS totaling approximately \$ 5,432.00 are to be paid in deferred payments to creditors that have filed claims that are not disallowed: XX IN FULL or 100 % (PERCENT) MINIMUM.

Total Attorney Fees Charged \$ <u>2,500.00</u>	Pay administrative costs and debtor's attorney fees
Attorney Fees Previously Paid \$ <u>726.00</u>	Pursuant to Court Order and/or local rules.
Attorney fees to be paid through the plan \$ <u>1,774.00</u>	

Name/Address/Phone # of Vehicle Insurance Co./Agent
SAFEWAY INSURANCE COMPANY

Attorney for Debtor (Name/Address/Phone # / Email)
William W. Stover, Jr. 8885
414 SOUTH STATE STREET
SUITE 105
JACKSON, MS 39201

Telephone/Fax _____

Telephone/Fax 601-353-5000/601-353-3537
E-mail Address amcclure@bondnbotes.com

DATE: 11/21/08 DEBTOR'S SIGNATURE /s/ Calven A. Scott

ATTORNEY'S SIGNATURE /s/ William W. Stover, Jr.